Oklahoma State University - Oklahoma City Campus

Event Permit Application

Required for all events



Print

Submit

Name of Event	
Short Description of Event	
Name of Department/Sponsor	
Address of Department/Sponsor	
Contact Person	Telephone
Cell	Fax
Date and Time of Event	
Location of Event	
Estimated Attendance	Maximum Occupancy of Venue
Date and Time of Planning Meeting	
SignedApplicant	Date
	ry, Business Technology Room 100 y@okstate.edu No later h\Ub`2 weeks df]cf`hc`Yj Ybh'
FOR OF	FFICE USE ONLY
Date Approved	OSU Code Official